

# MIRECC Messenger

## *VISN 4 Stars and Stripes Network*



### Save the date:

Bringing Evidence-Based  
Mental Health Treatment to  
Veterans in the Community

A National MIRECC

Education Group conference to be presented:

May 4-6, 2003  
Portland, OR

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## Philadelphia VAMC Introduces Behavioral Health Laboratory

In an effort to improve the identification of veterans with depression and other mental health concerns, service providers have increased their screening practices in recent years. Although screening is necessary, research shows that it is not sufficient to engage patients in treatment. To improve the assessment and treatment of patients with psychiatric conditions, the Behavioral Health product line at the Philadelphia VAMC (PVAMC) is collaborating with the primary care clinics at the PVAMC and several Community Based Outpatient Clinics (Willow Grove, Fort Dix, and Atlantic City) to develop a Behavioral Health Laboratory (BHL). The BHL will provide mental health evaluations and support treatment planning for veterans with psychiatric conditions presenting in these general medical settings.

Current screening procedures in the primary care clinics require primary care providers (PCPs) to conduct their own assessment of patients who score positive on depression or substance use screens. With the new BHL service, PCPs can use the existing clinical reminder sys-

tem to refer all patients who screen positive to the BHL for further assessment

The BHL assessment will provide a diagnosis of current axis 1 psychiatric disorders, severity ratings, and an evaluation of alcohol and drug use. It will be completed over the telephone or in person, depending upon patient preference. For all patients assessed, a written summary of the BHL assessment, similar to a lab report, will be sent to the PCP to assist in the delivery of care. Patients identified as having severe mental health or substance use problems automatically will be referred for care in the behavioral health clinic. For patients who already are receiving mental health or substance abuse treatment, the report of the findings will be made available to the behavioral health provider.

The BHL also will support research on the integration of mental health and substance use treatment with primary and specialty care. For further information on the BHL, contact Dave Oslin (oslin@mail.med.upenn.edu).

## Upcoming Events

The MIRECC will be presenting a full-day conference this spring in Philadelphia on "Treating the Aging Veteran: Advances in Integrated Care." In Pittsburgh, we will be presenting a full-day, spring conference on "Detoxification: Treatment Protocols and Strategies to Engage Addicted Patients in Ongoing Care." Watch your email for further information regarding dates and registration.

We are exploring a new medium for bringing aging-related information to practitioners—the American Society for Aging's web-based seminar series. In the coming weeks we will be trying out one or two seminars, to determine whether it would be worthwhile to make the

series available throughout the VISN. The seminars typically are 75 minutes in length, and offer continuing education credits in many disciplines. Stay tuned for more information as this process unfolds.

The National MIRECC Education Group will be putting on a national conference May 4-6, 2003, in Portland, Oregon, entitled, "Bringing Evidence-based Mental Health Treatment to Veterans in the Community." The conference will feature speakers from MIRECCs nationwide and community organizations such as NAMI and local Vet Centers. Watch your email for further information.



## Clinical Practice: Treatment of Hepatitis-C in Veterans with Comorbid Psychiatric Disorder

**Robert Weinrieb, M.D., Kyong-Mi Chang, M.D., Paul Fudala, Ph.D., Robin Arndt, M.D., Ph.D.**

Approximately 4 million Americans are infected with the Hepatitis C Virus (HCV), making it the most common chronic blood-borne infection in the U.S. This significant public health problem is intensified within the VA population. Veterans have ten times the rate of HCV infection as the general public, and rates are even higher among veterans with substance use disorders. For example, approximately 25% of veterans in outpatient alcohol treatment and 80-95% of injection drug users are HCV infected.

The only currently available treatment for HCV is the administration of Interferon combined with Ribavirin, an intervention that has a number of drawbacks. This treatment may result in physical side effects such as flu-like symptoms and gastrointestinal distress, as well as psychiatric side effects including anhedonia, anxiety, impaired concentration, irritability, insomnia, and even suicidal behavior. In fact, 10-14% of patients discontinue treatment due to its side effects. Further, Interferon/Ribavirin treatment does not achieve sustained viral response (SVR) in all cases, leaving liver transplant as the patient's only option. Because livers are in short supply and transplant is an expensive procedure that does not always prevent HCV recurrence, the challenge is to improve the effectiveness of existing treatments.

Partly out of fear of exacerbating patients' psychiatric symptoms, physicians undertreat HCV infection in patients with substance use and other psychiatric disorders. Treatment is further compromised by the fact that substance use diminishes the effectiveness of Interferon/Ribavirin. Among methadone users, treatment is successful in only about 20-37% of cases, as compared to 40-50% SVR among all treated patients.

Providers must identify the reasons for this discrepancy and address those issues amenable to modification. One likely candidate is education; studies indicate that opioid and methadone dependent patients are uninformed about HCV. In one study, 82% of methadone patients had not been tested for HCV or did not know the results of testing, and 67% incorrectly believed themselves to be free of infection. Another study of patients with substance use disorders showed that, when provided with basic facts about the disease and treatment options, 53% of patients agreed to undergo intensive treatment (injections three times per week) despite its limited success rate and potential side effects.

The importance of education was further demonstrated in a MIRECC study by Dr. Weinrieb ("An Open Trial of SSRI for HCV Infected Methadone Maintained, Opiate Dependents at the PVAMC"), which suggested that when patients' concerns about side effects were not addressed through adequate education or case management, these concerns may have interfered with treatment. Difficulties in

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## Educational Offerings

In recent months, the MIRECC has offered a wide variety of educational activities. In July, Dennis Daley, Ph.D., our Co-Associate Director for Education, presented a workshop on Developing Treatment Manuals and Patient Education Materials." He was accompanied by Delinda Mercer, Ph.D., in Philadelphia, where an intimate audience of 20 people learned from their combined decades of experience. The program was repeated in August in Pittsburgh, where Dr. Daley led the workshop for 13 participants.

We tapped the expertise of MIRECC Genetics Core Director Wade Berretini, M.D., Ph.D., and his colleague Doug Levinson, M.D., to present two half-day conferences on genetics. The first, "Genetics for the Non-Genetics Researcher" was held in Philadelphia, and drew an audience of academics who were seeking to better understand genetic principles and incorporate them into their research. The second, "Genetics in Clinical Psychiatry," was very well attended at the Coatesville VAMC, and provided clinicians an opportunity to interact extensively with the distinguished presenters.

Our fall conference, Trauma in the Community, was a major success. Held in both Pittsburgh and Philadelphia, the conference brought together experts from the National Center for PTSD, the University of Pennsylvania, the University of Pittsburgh, and the Philadelphia and Pittsburgh VA Medical Centers. The full-day event included plenaries and smaller, interactive break-out sessions on the topics of sexual abuse, catastrophes, domestic violence, and elder abuse. The feedback from participants was overwhelmingly positive. A video integrating the Pittsburgh and Philadelphia presentations soon will be available.

With the VA Bipolar Clinic, the MIRECC presented a half-day workshop in Pittsburgh on "Early Recovery Counseling for Concurrent Bipolar Disorder and Addiction," a treatment designed to enhance medication compliance and treatment adherence in bipolar patients with comorbid substance use disorder. Speakers included Ihsan Salloum, M.D., M.P.H., Tad Gorske, Ph.D., and Frances Campbell, R.N., M.S.N.

On November 22, 2002, the MIRECC co-sponsored, along

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## VISN Director Launches Initiative to Improve Care of Veterans with Serious Mental Illness

Laurence Biro, Ed.D., Director of the Stars and Stripes Veterans Integrated Service Network (VISN 4) recently asked two questions: Does VISN 4 offer state of the art programs for veterans with serious mental illness (SMI)? SMI generally refers to diagnoses of schizophrenia, post-traumatic stress disorder, and bipolar disorder. If we are not providing the best possible care for these veterans, what can we do to improve current practices?

To answer these questions, the MIRECC has taken a leadership role in a quality improvement initiative that will explore how VISN 4

practitioners deliver care to veterans with serious mental illness. The MIRECC will examine how our services compare to those provided in other VISNs and to other evidence-based practice models in the community.

Under the leadership of Gretchen Haas, Ph.D., MIRECC Co-Director, the MIRECC will convene a roundtable of VISN leaders who will review VISN 4's current services, assess the strengths and limitations of our efforts, and consider how to develop strategies for bringing uniformity and evidence-based practice to improve care of this vulnerable population.

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## Spotlight on a MIRECC Investigator: Steven Sayers, Ph.D.

In Dr. Steven Sayers, the MIRECC had the good fortune to find an accomplished researcher, educator, and administrator. Dr. Sayers brings to his role as MIRECC Senior Research Coordinator not only a wealth of technical expertise but also the interpersonal skills essential to ensuring progress in the many research projects he oversees. Psychology almost lost Dr. Sayers to a career in music—he was a music major for his first two years as an undergraduate. Dr. Sayers ultimately chose to trade his trumpet for a computer and set out on the path that would bring him to the University of South Florida for a bachelor's degree in Psychology and to the University of North Carolina for a doctoral degree in clinical psychology. Today, he dusts off the trumpet regularly – not only to practice several times per week, but also to give “concerts” at the preschool of his 3-year-old son and 4-year-old daughter. Dr. Sayers may not have given up his musical aspirations after all; he currently is looking for other brass players to form a quintet.

After graduate school, Dr. Sayers left the South for the wilds of Philadelphia, where he completed his Internship at Temple University Health Science Center. He then worked with Dr. David Burns before joining MCP Hahnemann University as an assistant professor, where he remained for 11 years. At MCP, Dr. Sayers became very involved in educating doctoral and master's level students in clinical psychology. As Director of the Clinical Psychology Pre-Doctoral Intern-

ship, he helped to train dozens of students, and as Director of the Marital and Family Therapy program he was able to share his enthusiasm for marriage and family work. Most recently, he taught undergraduate students through a course at the University of Pennsylvania on romantic relationships.

Now an assistant professor at the University of Pennsylvania, Dr. Sayers' research reflects his interest in families and close relationships. In addition to coordinating MIRECC research efforts, he has launched his own program of research on marital and family functioning and their interaction with physical and mental health. In his first year with the MIRECC, Dr. Sayers received MIRECC Research Seed Funding to study the impact of family support on congestive heart failure (CHF) patients' adherence to treatment recommendations, especially for patients' with comorbid depression (see *MIRECC Messenger* Volume 3, Issue 2). The study revealed that CHF patients' level of depressed mood is associated with self-reported medication non-adherence, and that most CHF patients are highly non-adherent with restrictions on salt intake. Also, the more depressed the patient, the more likely the family is involved in his or her care. The study sample size has not yet permitted any conclusions regarding family correlates of treatment adherence.



Dr. Steven Sayers

Dr. Sayers leveraged these MIRECC dollars to obtain American Heart Association funding to continue his project examining the associations between psychosocial functioning, treatment adherence, and health outcomes in CHF patients. This project will shed light on ways family members can be involved in the care of CHF patients to improve their treatment outcomes. Dr. Sayers also has received VISN 4 Competitive Pilot Project funding to study rates of substance use, psychiatric comorbidity, and levels of psychosocial support in CHF patients. This research seeks to determine whether CHF patients with comorbid disorders have different psychosocial treatment needs than those without such disorders.

In the future, Dr. Sayers plans to expand his focus to the primary care setting to examine the utility of systematically involving families in disease management for depression. Given his track record, he'll no doubt find success in this venue, as well.

## *VISN 4 Stars and Stripes Network*

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## **Educational Offerings, continued**

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with the Philadelphia VA's Parkinson's Disease Research, Education, and Clinical Center (PADRECC), a full-day conference on "Treatment of Psychosis and Parkinsonism: Balancing Mind and Movement." The conference drew over 120 participants to learn about such topics as "Drug-induced Psychosis in Parkinson's Disease: Clinical Features and Management," "Drug-induced Movement Disorders," and "The Interface of Psychosis and Other Psychiatric Symptoms in Parkinsonism."

The MIRECC fellowship is again hosting a v-tel series that runs monthly through next summer. So far this year, fellows have had the opportunity to hear from Barry Lebowitz, Ph.D., and Molly Wagster, Ph.D., from NIMH and NIA, respectively, on "Career Development Awards and Funding," a topic always close to the hearts of fellows and junior researchers. Two seminars by Helena Kraemer, Ph.D., addressed mental health research design and statistics. Future seminars will cover telemedicine, assessment of mental health in ethnic minorities, skills training for persons with schizophrenia and co-occurring substance abuse, cognitive therapy, and interventions for homeless people with serious mental illness. People at sites other than Philadelphia are welcome to attend these seminars; interested persons should contact Ruth O'Hara for more information ([vamireccfellowship@lists.stanford.edu](mailto:vamireccfellowship@lists.stanford.edu)).

At the request of the Coatesville VA Medical Center, which is implementing a "culture change" initiative, the MIRECC offered a four-part workshop for nursing home staff on "Building Relationships to Enhance Resident-Centered Care: 'Taking Care of Your Feelings First' and 'Taking Care of Residents' Feelings'." The workshop seeks to enhance the emotional intelligence of direct care nursing home staff, so that they may improve the quality of both their working lives and the lives of the nursing home residents. Contact Katy Ruckdeschel for further information ([ruckdesc@mail.med.upenn.edu](mailto:ruckdesc@mail.med.upenn.edu)).

## **Treatment of HCV, continued**

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implementing the intervention related to patients' schedules and stringent inclusion criteria also diminished the treatment's success.

As a result, Drs. Weinrieb and Chang and colleagues are initiating a second MIRECC-funded study, "A Double-Blind, Placebo Controlled Study of Citalopram and MET/Case Management for the Prevention of Interferon Associated Side Effects," that seeks to improve treatment outcomes in HCV infected substance users in the opioid and dual diagnosis treatment programs at the Philadelphia VAMC. This study will address the shortcomings of the previous study by employing flexible inclusion criteria, weekly research visits with methadone pick-ups that will permit repeated assessments of the patients' condition, the provision of remuneration for patient visits, and, most importantly, strong educational and case management components. Patients and their significant others will be educated via videotapes in clinic waiting areas, informational pamphlets, and seminars by Dr. Weinrieb and Dr. Chang. Substance use treatment staff also will be educated through sessions with Dr. Weinrieb and Dr. Chang. A member of the clinic staff will be designated as a Lead Coordinator responsible for facilitating individual and group education for patients and their significant others, and all staff will spend a day shadowing the intervention nurse practitioner or pharmacist.

Target outcomes include increased patient awareness of HCV status, factors associated with disease progression, and treatment and management options, and a reduction in behaviors that may exacerbate disease progression or transmit HCV infection to others. If successful, the intervention will be exported to other sites throughout the VISN and nationally, to ensure that these high-risk veterans receive the services they need.